#### STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION 101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7868 Madison, WI 53707-7868

A

#### CORRESPONDENCE MEMORANDUM

DATE: January 24, 1995

TO: Senator Joe Leean, Co-Chair Joint Committee on Finance

Representative Barbara Linton, Co-Chair Joint Committee

on Finance

Robert Lang, Director Legislative Fiscal Bureau

FROM: Martha Kerner, Section Chief

Federal-State Relations Office Department of Administration

RE: APPLICATIONS FOR FEDERAL ASSISTANCE

In fulfillment of s.16.54, please find enclosed reports of recent state agency applications for federal aid.

If you have any questions, please call me at 266-2125 or the State Agency contact indicated on the application.

Attachments

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR JAMES R. KLAUSER SECRETARY



Mailing address: Post Office Box 7864 Madison, WI 53707-7864

July 8, 1994

Gerald Whitburn, Secretary
Department of Health and Social Services
PO Box 7850
Madison, WI 53707-7850

Milwaukee System Improvement Plan Target Cities, State Application Identifier Number WI940706-187-N93196YY

Dear Secretary Whitburn:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

Sincerely,

James R. Klauser



Federal-State Relations Office 101 E. Wilson Street, 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125

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101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

8/2- Hickort

August 3, 1994

Mr. Nathaniel E. Robinson Administrator Division of Energy and Intergovernmental Relations Department of Administration PO Box 7868 Madison, WI 53707-7868

> Cold Start Data Base Development for Alternative Transportation Fuels, State Application Identifier Number WI940801-217-N81502XX

Dear Mr. Robinson:

The Department of Administration has reviewed the above noted grant application. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

M. licholm they

James R. Klauser Secretary

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

Department of Administration DOA-7020(R12/92)

Federal-State Relations Office 101 E. Wilson Street, 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/257-2125

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101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

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August 3, 1994

Gerald Whitburn, Secretary
Department of Health and Social Services
1 West Wilson Street
PO Box 7850
Madison WI 57307-7850

Center for Disease Control and Prevention (Wisconsin FACE Program), State Application Identifier Number WI940517-133-N93283XX

Dear Secretary Whitburn:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

Sincerely,

James R. Klauser

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101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

made at

August 3, 1994

Gerald Whitburn, Secretary
Department of Health and Social Services
1 West Wilson Street
PO Box 7850
Madison WI 57307-7850

Rehabilitation Services-Service Projects (Wisconsin's Deaf/Blind Initiative in Supported Employment), State Application Identifier Number WI940325-069-N84128XX

Dear Secretary Whitburn:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

Sincerely,

James R. Klauser

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101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

August 18, 1994

Gerald Whitburn, Secretary
Department of Health and Social Services
1 West Wilson Street
PO Box 7850
Madison WI 57307-7850

Refugee and Entrant Assistance-Discretionary Grants (Refugee Youth Services Building) State Application Identifier Number W1940810-237-N93576XX

Dear Secretary Whitburn:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

Sincerely

James R. Klauser

Department of Administration Form DOA-7020 (R 5-88) (Formerly FDA 50)  Rifflage FEht,	aut Acet	Comants Discottones	Federal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7888 Madison, WI 53707-7868 Telephone 608/267-2125
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4 Address (Street/City/State/Zip) 1 West Wilson Street			
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Susan G. Levy	<b>Phone</b> 266-0578	09/30998	07/25/94
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101 Eas Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

August 22, 1994

Darrell Bazzell, Administrator Office of Planning and Analysis Department of Natural Resources 101 S. Webster Street, 5th Floor Madison, WI 53702

> Environmental Protection Consolidated Grants (FY95 Water Quality Management Projects-Section 106), State Application Identifier Number WI940701-182-N66600XX

Dear Mr. Bazzell:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

This letter constitutes compliance with the requirements for State Clearinghouse review under Presidential Executive Order 12372. Regional clearinghouses which have comments will send review letters directly to you.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

James R. Klauser

Secretary

A copy of this letter must be transmitted to the federal granting agency with your application.

Department of Administration Form DOA-7020 (R 5-88) (Formerly FDA 50) Federal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone (608) 267-2125

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101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

August 22, 1994

Raymond G. Boland Secretary Department of Veteran Affairs PO Box 7843 Madison, WI 53707-7843

Supportive Housing Program (Veterans Rehabilitation Program), State Application Identifier Number WI940801-218-N14235ZZ

Dear Secretary Boland:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

James R. Klauser

Secretary

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

#### Department of Administration

DOA-7020(R12/92)

Federal-State Relations Office 101 E. Wilson Street, 6th Floor P.O. Box 7868 Madison, WI 53707-7868

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☐ Yes F	Rate	Base			<sup>X™</sup> No
16 Authorizations		1	Representative (Ty	pe or Print) Title if other	than Agency Secretary
_			G. BOLAND		
☐ Delega	ted Review	Signature		Date	
	FO	R DEPARTMENT	OF ADMINISTR	ATION USE ONLY	
Reviewing Analys	Luc Ja	blosky	Phone 301-		w1940801-218-1
Recommendation	: Approve	Approve With		Deny Date Receiv	ved 8-1-1423
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10 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

August 22, 1994

Darrell Bazzell, Administrator Office of Planning and Analysis Department of Natural Resources 101 S. Webster Street, 5th Floor Madison, WI 53702

> Air Pollution Control Program Grant, State Application Identifier Number WI940715-195-N66001XX

Dear Mr. Bazzell:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

This letter constitutes compliance with the requirements for State Clearinghouse review under Presidential Executive Order 12372. Regional clearinghouses which have comments will send review letters directly to you.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

James R. Klauser

Secretary

A copy of this letter must be transmitted to the federal granting agency with your application.

Department of Administration Form DOA-7020 (R 5-88) (Formerly FDA 50) Federal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone (608) 267-2125

1 Applicant Agend Department of N		s		2 CFDA# 66.001		3∐Agency LD. (0	ptional)	
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Madison, WI 53				6 Period of Funding	Mo/Day/Year	Application Du	e Date	
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8 Agency Project	Title			9 Executive Order 1	Executive Order 12372 Review Required 10 Area of Impact			
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Signature	Jour 10	uy	Date .	7/25/94	Date Due	<u> 7-2</u>	9-94	
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101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

August 22, 1994

Gerald Whitburn, Secretary
Department of Health and Social Services
1 West Wilson Street
PO Box 7850
Madison WI 57307-7850

State and Community-Based Childhood Lead Poisoning Prevention Program, State Application Identifier Number WI940427-104-N93197XX

Dear Secretary Whitburn:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

Sincerely,

James R. Klauser

Department of Administration Form DOA-7020 (R S-88) (Formerly FDA 50) Federal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125

1 Applicant Agenc	су			2			Agency LD. (C	ptional)	
Wisconsin	Dept. of Heal	th & Social S	ervice		4 # <u>9 3 •</u>				
4 Address (Street	/City/State/Zip)			5   Feder	rai Agency to f	Receive Reques	t 		
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MADISON,	WI 53701-030	9 , ,		6 Perio		Mo/Day/Year 7	Application C /Mo/Day/	lue Date	
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8 Agency Project	Title Community-Bas	ed Childhood		9 Exect	itive Order 123	372 Review Requ	ired 10 Area o	timpact ties/States	
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Signature	Jablonsh	<u> </u>	Date	7/22/	74	Date Due	5=1/=	14	XX

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

August 22, 1994

Alan Tracy, Secretary
Department of Agriculture, Trade &
Consumer Protection
801 W. Badger Road
PO Box 8911
Madison, WI 53708-8911

FY94 Consolidated Pesticide Cooperative Agreement, State Application Identifier Number WI940711-192-N66700XX

Dear Secretary Tracy:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

This letter constitutes compliance with the requirements for State Clearinghouse review under Presidential Executive Order 12372. Regional clearinghouses which have comments will send review letters directly to you.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

James R. Klauser

Secretary

A copy of this letter must be transmitted to the federal granting agency with your application.

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM Federal-State Relations Office Department of Administration 101 S. Webster St., 6th Floor Form DOA-7020 (R 5-88) P.O. Box 7868 (Formerly FDA 50) Madison, WI 53707-7868 319-263-N66 Telephone 608/267-2125 3 Agency I.D. (Optional) Dept. of Agriculture Applicant Agency CFDA# \_6\_6 • Z\_Q\_Q Trade and Consumer Protection Federal Agency to Receive Request 4 Address (Street/City/State/Zip) 801 W. Badger Road, P.O. Box 8911 US EPA Region 5 Application Due Date 6 Period of Funding Mo/Day/Year 10/01/93 Madison, WI 53708-8911 Mo/Day/Year Contact Person 09/30/94 Phone 608/266-7129 Ned Zuelsdorff Executive Order 12372 Review Required 10 Area of Impact 9 | Agency Project Title Counties/States FY '94 Consolidated Pesticide Cooperative Agreement Statewide 12 Type of Assistance Clearinghouses: Notified Dates 11 Type of Application Grant **New Grant** Regional Planning Amendment to Current Grant Formula Commissions \_\_\_ Discretionary Continuation-Unchanged DOA Other Continuation-Modified ΑII more than 10 years 13 Number of Years Previously Funded\_ 14 Funding, Allotment and Position Data (including Federal indirect costs) 103,525 Total Federal Funds Applied For Existing Positions No. (FTE) Type New Positions No. (FTE) Typ Numeric Type Revenue Type Amount Appropriation Source 03 525 MANE PR-1= 74/(LE) FEDERAL \$ \$ \$ \$ \$ 15 Indirect Cost Reimbursement \_\_l No Amount . \_\_\_ Yes Rate. Title if other than Agency Secretary Authorized Agency Representative (Type or Print) 16 Authorizations Deputy Secretary Elizabeth, Kohl Delegated Review FOR DEPARTMENT OF ADMINISTRATION USE ONLY Rhone O **Reviewing Analyst** Date Receive

**Approve With Conditions** 

Recommendation:

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

August 22, 1994

Gerald Whitburn, Secretary
Department of Health and Social Services
1 West Wilson Street
PO Box 7850
Madison WI 57307-7850

Health Care Financing Research, Demonstrations and Evaluations (Wisconsin State Rural Health Network Reform Initiative), State Application Identifier Number WI940225-043-N93779XX

Dear Secretary Whitburn:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

Sincerely,

James R. Klauser

Department of Administration Form DOA-7020 (R 5-88) Formerly FDA 50)	Wenos Finances	& Eva	lustre	24-5	Federal-State R 101 S. Webster S P.O. Box 7868	St., 6th Floor	
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4 Address (Street/City/State/Zip)	Se	لــــــــــــــــــــــــــــــــــــــ	_	Receive Request	مبد <u>د سیا</u> ت درد		•
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Rick Heinz	Phone 267–71			<u>30, 199</u> 5 R			`. ·
8 Agency Project Title Wisconsin	State Rural Health	9 Exec	utive Order 123	72 Review Require	ed 10 Area of I	mpact es/States	- T
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# STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION 101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

August 25, 1994

Mr. William Holland
Executive Director
Wisconsin Land Information Board
Department of Administration
101 E. Wilson Street, 8th Floor
Madison, WI 53702

Land Information Clearinghouse/National Spatial Data Cooperative Agreements Program, State Application Identifier Number WI940608-158-N15808XX

Dear Mr. Holland:

The Department of Administration has reviewed the above noted grant application. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

James R. Klauser

Secretary

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

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Federal-State Relations Office 101 E. Wilson Street, 6th Floor P.O. Box 7868 Madison, Wi 53707-7868 Telephone 608/267-2125

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1 Applicant Agency	d/DOA CFDA#	7. 808 -	
WisconsinLandInformation Boar	5 Federal Agen	ncy to Receive Request	
4 Address (Street/City/State/Zip) Life V 101 E. Wilson St. St. Floor RO.BOX 7844 MACLEM, WI 53707 - 784	Federal Ge	egraphic Data Commuter/ USGS	
1 RO.BOX 7844 I S3707 - 784	44 6 Period of Fun	Iding Mo/Day/Year 7 Application Due Date Mo/Day/Year	
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8 Agency Project Title	<del> </del>	Counties/States	
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Tecomination part / //	Date <u>6-8-94</u>	Date Due	
Signature Michael Huff	Date <u>G - v · /</u>		

101 East Wilson Street, Madison, Wisconsin

TÖMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

August 25, 1994

Gerald Whitburn, Secretary
Department of Health and Social Services
1 West Wilson Street
PO Box 7850
Madison WI 57307-7850

Injury Prevention & Control Research and State Grants Projects (Wisconsin Firearm Surveillance), State Application Identifier Number WI940810-238-N93136XX

Dear Secretary Whitburn:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

Sincerely,

James R. Klauser

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Department of Admi Form DOA-7020 (R 5 (Formerly FDA 50)		tate Or	rents, 1	raje	,	Federal-State Relation 101 S. Webster St., P.O. Box 7868 Madison, Wi 53707	6th Floor
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1 Applicant Agen			[2]	, , , , , , , , , , , , , , , , , , , ,	3	Agency I.D. (Option	rai)
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4 Address (Stree	t/City/State/Zip)				Receive Request		
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8 Agency Project				cutive Order 12:	372 Review Requir	ed 10 Area of Imp	act .
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101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

August 25, 1994

Gerald Whitburn, Secretary
Department of Health and Social Services
1 West Wilson Street
PO Box 7850
Madison WI 57307-7850

Childhood Immunization Grants, State Application Identifier Number WI940802-219-N93268XX

Dear Secretary Whitburn:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

Sincerely,

James R. Klauser

Department of Administration DOA-7020(R12/92)

H - 715-1 Federal-State Relations Office 101 E. Wilson Street, 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125

1 Applicant Agency	2 Agency LLA (Optional)						
Department of Health and Social Service	CES CFDA # 93 • 2 6 8						
4 Address (Street/City/State/Zip)	5 Federal Agency to Receive Request  Centers for Disease Control						
1414 E. Washington	6 Period of Funding Mo/Day/Year 7 Application Due Date						
Contact Person Madison WI 53702							
Kenneth Baldwin, / Phone 266-12							
8 Agency Project Title	9 Executive Order 12372 Review Required 10 Area of Impact Counties/States						
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11 Type of Application 12 Type of Assistance	Clearinghouses: Notified Dates						
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15 Indirect Cost Reimbursement							
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	presentative (Type or Print) Title if other than Agency Secretary						
Richard W.	1 +						
(Signature )	Date						
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Signature Salation Stry Da	te 8/23/94 Date Due 8-16-94						

STATE OF WISCONSIN

#### DEPARTMENT OF ADMINISTRATION

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



Mailing Address:
Post Office Box 7864
Madison, WI 53707-7864

August 25, 1994

Mr. Nathaniel E. Robinson Administrator Division of Energy and Intergovernmental Relations Department of Administration PO Box 7868 Madison, WI 53707-7868

> Wisconsin Clean Cities-Southeast Area Proposal to Develop Sustainable Alternative Fuels Infrastructure, State Application Identifier Number WI940818-248-N81502YY

Dear Mr. Robinson:

The Department of Administration has reviewed the above noted grant application. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

James R. Klauser

Secretary

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

Department of Administration

\*DOA-7020(R12/92)

Federai-State Relations Office 101 E. Wilson Street, 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125

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	Jeff Knigh	<del>+</del>	Phone 608/26	7-7693		12/3	L/96	9/1/94		
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101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

August 25, 1994

Gerald Whitburn, Secretary
Department of Health and Social Services
1 West Wilson Street
PO Box 7850
Madison WI 57307-7850

Injury Prevention & Control Research and State Grants (Wisconsin Violence Against Women), State Application Identifier Number WI940803-230-N93136XX

Dear Secretary Whitburn:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

Sincerely,

James R. Klauser

WISCONSIN F	EDERAL GRANT APPLIO		Federal-State Relations Unice 101 S. Webster St., 5th Floor
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1 Applicant Agency		THE PROPERTY OF MECHINE LIGHT	est of
	5 Feder	of Health and Human	1 121 12000
4 Address (Street/City/State/Zip)	167 <u>Lept</u>	d of Funding Mo/Day/Year	7 Application Oue Date
1414 E. Washington Avenue, Room	6 Peno	09/01/94	Mo/Day/Year
		00 101 100	08/01/94
Contact Person Kenneth Baldwin	Phone 267-9010	Order 12372 Beview Re	equired 10 Area of Impact Counties/States
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8 Agency Project Title	(L. MIALI)	Yes No	Characido
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16 Authorizations	Richard Lorang	) Date	
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Recommendation: Approve	Approve With Conditions		( ー ) ! ! ー ( ナ レ

101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON GOVERNOR

JAMES R. KLAUSER SECRETARY



Mailing Address:
Post Office Box 7864
Madison, WI 53707-7864

August 31, 1994

Gerald Whitburn, Secretary
Department of Health and Social Services
1 West Wilson Street
PO Box 7850
Madison WI 57307-7850

Refugee and Entrant Assistance (Refugee Family Violence Prevention, Education and Intervention), State Application Identifier Number WI940810-236-N93576XX

Dear Secretary Whitburn:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

Sincerely,

James R. Klauser

Department of Administration Form DOA-7020 (R 5-88) Formerly FDA 50)  RULLION + E	intraut Ast.	G - Discret	rants	Federai-State Relations Off 101 S. Webster St., 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125
1 Applicant/Agency		2		Agency I.D. (Optional)
Department of Health	& Social Services	CFDA# <u>93</u> •	576	austini i tija ja ja ja ja
4 Address (Street/City/State/Zip)		Federal Agency to		rt
1 West Wilson Street				& Human Services
Madison WI 53707-79:	35	Period of Funding		
Contact Person	F	10/01	./94 <b>-</b>	Mo/Day/Year
Susan G. Levy	Phone 266-0578	09/30		07/25/94
8 Agency Project Title				ired 10 Area of Impact
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11 Type of Application	12 Type of Assistance	Clearinghouses: Notific		Statewide
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6 Authorizations	Authorized Agency-Representativ		itle if other the	∐ No
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Department of Administration Form DOA-7020 (R 5-88) (Formerly FDA 50)

Comments Continued on Reverse or on a Separate Sheet

Federal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125

1 Applicant Agency  CFDA # 93 • 777 3 Agency I.D. (Optional)	
Dept. of Health and Social Services	
4 Address (Street/City/State/Zip)  Hith Care Financia Adm-Redion V-Chicago	
P.O. Box 309	
Madison, WI 33701-309 — 10/1/94   Morbayrrear	
Otis I. Woods Phone 266-7952 9/30/95 III CIIICAGO 7/29/94	
8 Agency Project Title 9 Executive Order 12372 Beview Required 10 Area of Impact Counties/States	
State Health Care Providers Certification Yes No Statewide	
11 Type of Application 12 Type of Assistance Clearinghouses: Notified Dates	
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Department of Administration DOA-7020(R12/92)

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4 Address (Street/	City/State/Zip) 1son Street,	P.O. Boy 703	5	5 Feder	Al Agency to	Receive Request Office of	Communi	ty Services	2
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Contact Person	33.0. 73.	-		6 Period	or Funding 10–0	Mo/Day/Year 7	Application ( Mo/Day		
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Department of Administration Form DOA-7020 (R 5-88) (Formerly FDA 50)

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Debbie Ben	ich	Phone 255 i	C747		***************************************	······	-	Mo/Day	
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Department of Administration Form DOA-7020 (R 5-88) (Formerly FDA 50)

1 Applicant Age	nev				rerephone 608/26/-2125	
Dept. of In	idustry. Labo	r & Human Relations	2 05504 # 1	3	Agency I.D. (Optional)	
4 Address (Stree	et/City/State/Zip)		5 Federal Agenc	Z • <u>0 0 2</u>		
P. O. Box 7	946 (201 E. I	Washington Ave.)		y to Receive Request		
Madison, WI Contact Person	53707		USDOI 6 Period of Fundi			
Contact Persor	7		Ceriod of Fundi	Ing Mo/Day/Year 7	Application Due Date	
<u>Debbie Be</u>	nish	Phone 266-5747		09/30/95	Mo/Day/Year	
8 Agency Project			9 Executive Order	12373 Barrier D	08/26/94	r
11 Lar	oor torce	2 STAPETIC		12372 Beview Required	10 Area of Impact Counties/States	
LL BLS Basic	Grant		Yes	( No )	Codifices/S(a(es	
11 Type of Applica	ition )	12 Type of Assistance	Clearinghouses: N	\ <u>\</u>	Statewide	
New Gran		Grant	1 - Section of the se	otified Dates		•
	ent to Current Grant	Formula		of SIAK	0	1
	tion-Unchanged	Discretionary	<u> </u>	~ ~	7	• ]
	tion-Modified	Other		18/11/0		
13 Number of Year	s Previously Funded_	more than 5 years	All /	~ / <del> ~~~</del>		
		(including Federal indirect costs)	·			4
Total Federal Fu	ınds Applied For	\$1,440,970				
Numeric Appropriation	Source	Revenue Type Amo	Nev	<u>⊮</u> Positions	Existing Positions	
151	Federal	PR_F <b>\$</b> 1,43			Vo. (FTE) Type	]
153-Indirect	Federal	-			19.73 Perm.	]
CONTINUE -	rederar	-   <u></u>	6,386			
	<del></del>	_     \$				
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		\$				
		-     \$				
		.     \$			<del></del>	,
		.     \$				
15 Indirect Cost Reir	mbursement					
17.7	Rate97%	Base\$658,671		20.5		
16 Authorizations			Amount\$6,	386	□No	
		Authorized Agency Representa	tive (Type or Print)	Title if other than Age		
X Delegat		Debbie Benish Signature		Budget A	inalvst	
₩ Delegal	ted Review	1 . O // · O ·	1	Date		
	EA	L LUVY Jeno	<u> </u>	8-2-94		
	( //	R DEPARTMENT OF ADMIN	VISTRATION USE	ONLY		
Reviewing Analyst	Marko	AND Phone	06-1103	SAI Number /// I	740810-2V	Last
Recommendation:	Approve	Approve With Conditions	Deny	Date Received	1/000	TO N
Signature		Date	•		<del>} // / /</del>	1700
COMMENTS:				Date Due	ex.	1-1
						XX

Department of Administration Form DOA-7020 (R 5-88) (Formerly FDA 50) Federai-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125

Applicant Agency Department of Industry,  Labor & Human Relations  Labor & Human Relations  CFDA # 1 7 • 2 4 3  Address (Street/City/State/Zip)  201 E. Washington Avenue  Madison, Wisconsin 53707  6 Period of Funding Mo/Day/Y	Bound on an analysis of the second of the se
4 Address (Street/City/State/Zip)  201 E. Washington Avenue  5 Federal Agency to Receive F	3 Agency LD. (Optional)
201 E. Washington Avenue	
	Request
	Year 7 Application Due Date
0-1 1002	Mo/Day/Year
	03/16/94
0 Face the Order 19979 Parks	w Required 10 Area of Impact
8 Agency Project Title 9 Executive Order 12372 Review	Counties/States
Trade Adjustment Assistance Yes	o Statewide
11 Type of Application 12 Type of Assistance Clearinghouses: Notified C	Dates
New Grant Grant M. A. A.	157-
Amendment to Current Grant Formula	
Continuation-Unchanged X Discretionary ———	
Continuation-Modified Other	
13 Number of Years Previously FundedAll	
14 Funding, Allotment and Position Data (including Federal indirect costs)	
Total Federal Funds Applied For 920,000	
Numeric New Positions	
Appropriation Source Revenue Type Amount No. (FTE) Type	
151 Federal PR-F \$ 119,375	
NA Federal \$ 800,000	
153 Federal PR-F \$ 625	
\$	
\$	
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\$	
15 Indirect Cost Reimbursement  X Ves Rate . 0097 Base \$64.500 Amount \$625	П.,
<b>W</b> 163 1100 1100 1100 1100 1100 1100 1100	. No
Authorizations Authorized Agency Representative (Type or Print) Title if C	other than Agency Secretary Budget Analyst
Signature	
Delegated Heview	8-5-94
FOR DEPARTMENT OF ADMINISTRATION USE ONLY	
100, 100, 7000 2 1100	mar ALLAYOR 10-24
	0-10-011/
Signature Date Du	le — <del>VVV</del>
COMMENTS:	
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Comments Continued on Reverse or on a Separate Sheet 811-5 and 400,

WISCONSIN FEDERAL GRANT APPLICATION NOTICE Desartment of Administration Federal-State Relations Office 101 E. Wilson Street, 6th Floor DOA-7020(R12/92) P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125 Agency I.D. (Optional) DCS = 797-01 Department of Health and Social Services CFDA# 8 4 Federal Agency to Receive Request Department of Education 4 Address (Street/City/State/Zip) Division of Community Services P.O. Box 7851, Madison, WI Period of Funding Mo/Day/Year 7 7/1/94 **Application Due Date Contact Person** Mo/Day/Year 9/30/95 Susan Robbins Phone (608) 267-3270 7/11/94 8 Agency Project Title 9 Executive Order 12372 Beview Required 10 Area of Impact Counties/States Birth to Three Program Yes statewide 11 Type of Application 12 Type of Assistance Clearinghouses: Notified **New Grant** Grant Excluded from State X Formula Amendment to Current Grant review requirement. Discretionary Continuation-Unchanged Continuation-Modified Other ΑII 13 Number of Years Previously Funded, 14 Funding, Allotment and Position Data (including Federal indirect costs) \$4,136,450 Total Federal Funds Applied For New Positions No. (FTE) Type Numeric Existing Positions No. (FTE) Type Revenue Type Туре Appropriation Source Amount \$4,136,450 Perm 641/749. FED PRF 3 2 Project 15 Indirect Cost Reimbursement DOH 15% \$47,800 \$7,170 X\_ Yes DCS 5.28ase \$126,740 \$6,590 Rate. Amount \_ 16 Authorizations Authorized Agency Representative (Type or Print) Title if other than Agency Secretary Richard W. Lorang Deputy Secretary Date Delegated Review 7-8-74 FOR DEPARTMENT OF ADMINISTRATION U **Reviewing Analyst** SAI Number. Approve With Conditions □ Deny **Date Received** Signature . Date **Date Due** 

COMMENTS:

Department of Administration DOA-7020(R12/92)	Rela		RANT APPLI Menta Block G	cation No Heat rent t tiviti	OTICE Sie Ch Sor Sec		
1 Applicant Agency	/ / of Health δ	Social Serv	ices [2]	A# <u>93</u> .		Agency LD (O	
4 Address (Street/C		DOCTOR DCIV	<del>·                                      </del>	//	Receive Request		
l West Wil	son Street		<del>}</del>	HS/SAMHSA			
Madison, W	I 53702		6 Peri	od of Funding 1	Mo/Day/Year 7	Application D	
Martha Mal	lon	Phone 608/266	5-6661	08/31		08/0	ł
8 Agency Project Tit	le				72 Review Requir		
	,			п.		Counti	es/States
	1th Data Pro			Yes	į⊆ No	State	ewide
11 Type of Application	n 12	- ' /	Clearin	ghouses: Notific	ed Dates	_	
New Grant	to Current Grant	Grant Formula		100	100 C		
	-Unchanged	Discretionary		( 7 0			
Continuation	-	Other			gul	200	
13 Number of Years F	reviously Funded	2		AII			
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			\$				
15 Indirect Cost Reim	oursement						
Yes Ra		Base22,	604 Amour	t <u>1,175</u>		□ No	
16 Authorizations		Authorized Agency I			Title if other than		arv
	•	Richard W.				Secretary	
Delegate	d Review	Signature	70		Date		
-		Muchas	arel la		7-2	7-84	
	FO	BUREARIMEN	7	TON USE	MLY		
Reviewing Analyst	Inter	2 tossan	Mone 67	<u> 2788</u> °	Al Number 42	I940	810-246
Recommendation:	Approve	Approve With C	Conditions	Deny D	ate Received .	5-10-	74 h
Signature	<u></u>		)ate		ate Due	Jol,	
COMMENTS:					_	•	,

Department of Administration

DOA-7020(R12/92)

Applicant Agency Department of Health & Social Services   CFDA # 93
Address (Street/City/State/Zip) 1 West Wilson Street, P.O. Box 7935 Madison, WI 53707-7935 Contact Person Susan G. Levy Agency Project Title Community Services Block Grant    New Grant   New Grant   New Grant   New Grant   New Grant   New Grant   Continuation-Unchanged   Discretionary.    Address (Street/City/State/Zip)   DH&HS ACF; Office of Community Services     DH&HS ACF; Office of Community Services   To Application Due Date   Mo/Day/Year   To Application Due Date   Mo/Day/Year   To Application   Discretionary   To Application   Discretionary   To Application   Discretionary   To Application   Discretionary   To Application Due Date   Discretionary   To Application   Discretionary   To Application   Discretionary   Di
Madison, WI 53707-7935  Contact Person  Susan G. Levy  Phone 266-0578  Agency Project Title  Community Services Block Grant  Type of Application  New Grant  Amendment to Current Grant  Amendment to Current Grant  Continuation-Unchanged  Application  Grant  Grant  Discretionary  Formula  Discretionary
Madison, WI 53707-7933  Contact Person  Susan G. Levy  Phone 266-0578  8/15/94  Susan G. Levy  Phone 266-0578  Susan G. Levy  Susan G. Levy  Phone 266-0578  Susan G. Levy  Phone 266-0578  Susan G. Levy  Susan G. Levy  Phone 266-0578  Susan G. Levy  Susan G. Levy  Phone 266-0578  Susan G. Levy  Susa
Susan G. Levy  Phone 266-0578  Susan G. Levy  Phone 266-0578  Susan G. Levy  Phone 266-0578  Susan G. Levy  Phone 266-0578  Susan G. Levy  Phone 266-0578  Susan G. Levy  Susan G. Levy  Phone 266-0578  Susan G. Levy
Agency Project Title  Community Services Block Grant  Type of Application New Grant Amendment to Current Grant Continuation-Unchanged  Agency Project Title Yes No Statewide  Clearinghouses: Notified Dates  L O Leguure
Community Services Block Grant  Yes No Statewide  Yes No Statewide  Yes No Statewide  Clearinghouses: Notified Dates  Amendment to Current Grant  Amendment to Current Grant  Continuation-Unchanged  Continuation-Unchanged  Yes No Statewide  Clearinghouses: Notified Dates  Clearinghouses: Notified Dates  Clearinghouses: Notified Dates
11 Type of Application  New Grant  Amendment to Current Grant  Continuation-Unchanged  12 Type of Assistance  Grant  Discretionary  Clearinghouses: Notified Dates  Clearinghouses: Notified Dates  Label Dates  Label Dates
Type of Application  New Grant  Amendment to Current Grant  Continuation-Unchanged  Type of Application  Grant  Discretionary  Type of Application  Grant  Discretionary
New Grant Amendment to Current Grant Continuation-Unchanged  Grant Formula Discretionary  Under Grant Discretionary
Amendment to Current Grant  Continuation-Unchanged  Discretionary  Lotteques
Continuation-Unchanged Discretionary
Continuation-Ontology
Continuation-Modified OtherAll
Total Federal Funds Applied For New Fositions No. (FTE) Type
Appropriation 333 044
496 Federal Tho 2 359
497 Federal PRO-F <b>\$</b> 4,509,238
\$
\$
<u> </u>
<u> </u>
No No
145 Indirect Cost Relimbulsement
Yes Rate Base (Type or Print) Title if other than Agency Secretary
16 Authorizations Authorized Agency Representative Deputy Secretary  Pichard Lorang
16 Authorizations Pichard Lorang Date
Delegated Review Signature January Romana 5-23-84
Delegated Review Subject Agrange Translation (195 ONLY
FOR DEPARTMENT OF ADMINISTRATION USE ONLY
A state to summer of the state
Reviewing Analyst Deny Date Received
Recommendation: Approve Approve Will Condition
Signature Date Date
COMMENTS:

Department of Administration

DOA-7020(R12/92)

COMMENTS:

1 Applicant Agenc Department	of Health &	Social Servic	es	2 CFDA	# 9 3 •	6 6 7	3 Agency	·I.D. (Optional)	
4 Address (Street/	City/State/Zip)	P.O. Box 7850		5 Federa	al Agency to I	Receive Requing for	est Childre	n & Famil	ies.
	WI 53707-785			6 Period		Mo/Day/Year 01/94	7 Applic	ation Due Date lo/Day/Year	
Richard K		Phone 266-733	6			30/95	8/15	794	
8 Agency Project 3 FFY 1995	<sup>fitle</sup> Social Servci	es Block Gran	t	9 Executive Order 12372 Review Required 10 Area of Impact Counties/States					
<b>\</b>					ا Yes (	(X No		Statewide	<u>:</u>
	<del></del>				nouses: Notifi	ed Dates	//==		
New Grant	nt to Current Grant	Grant    X   Formula		·	14	1900			
1	on-Unchanged	Discretionary				(2)	12/		
1	on-Modified	Other				$\frac{\sigma \rho \sigma}{\sigma}$			<del></del>
13 Number of Years	Previously Funded	more than 5			AII	/	<u> </u>		
14 Funding, Allotme	ent and Position Data (ir		ct costs)						
Total Federal Fu	nds Applied For \$3	4,653,975			Moud	Positions	Ev	disting Position	ne
Numeric Appropriation	Source	Revenue Type		ount	No. (FTE)			FTE) Typ	<u> </u>
692	Federal	PR-F	\$ 6,7	88,100			_  12	<u> 19.2 Pe</u>	erm.
792	Federal	PR-F	<b>\$</b> 47· <b>,</b> 7	26,175		<u> </u>			
798	Federal	PR-F	<u>\$ 1</u>	<u>39,70</u> 0					
			\$						
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			\$						
15 Indirect Cost Re	imbursement Will	be taken agai	nst s	alary a	it end o	f budget	period	1.	
X Yes	Rate <u>5 · 2%</u>	Base		_ Amoun	t			No	
16 Authorizations		Authorized Agency I Richard Lo		itative (Ty	pe or Print)	Deputy	rthan Agend 7 Secret	ey Secretary Cary	
X Deleg	ated Review	Signature (	25	1. <b>0</b> ~0	ng	Date 5	-17-24		
	FO	RIDESASTMENT	0F/ADI			ONLY		,	
Reviewing Analy	Janiy	e Aajna	hone _	<u> </u>	219	SAI Numbe	WI9	<u> Y0810-</u>	-315-V
Recommendatio	n: Approve	Approve With 0	Conditio	ns $\square$	Deny	Date Recei	ved A	-10-95	£ 9366
Signature			Date		**************************************	Date Due _			$- \times$

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Department of Admi Form DOA-7020 (R 5 (Formerly FDA 50)		Rehab.		4 8	n-Se	voice	101 S. Webster St., 5th Flo P.O. Box 7868 Medison, WI 53707-7868	
Roh	$ab \setminus C$	eining_S	to te	U	ocat		Telephone 608/267-2125	
1 Applicant Agen				2	8 4	265	Agency I.D. (Optional):	
DHSS, Div.	. of Vocation	<u>nal Rehabilita</u>		CFD	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
4 Address (Street			<u> </u>	5 Fede	rai Agency to	Receive Reques		A de la company
	7852, 1 H. H		-	Ues 6 Perio	od of Eucodina	Mo/Dav/Year i	ion Region V  / Application Que Date	
Contact Person	/I 53707-789	02			10/	01/94	Mo/Day/Year	1
Joan R. Ga	•	Phone 608)2	57-6725			30/97	08/08/94	
8 Agency Project				9 Exec	utive Order 13	2372 Review Requ	ired 10 Area of Impact Counties/States	-
Ctaff Dave	elooment and	Training			Yes C		000	***************************************
		12 Type of Assistance		~tonnino	nouses: Noti	1	Statewide	
11 Type of Applica		Grant		Ciearnig	$\mathcal{N}_{\mathcal{A}}$	, ,	2	<b>—  </b>
, <del></del>	nt to Current Grant	XX Formula					40	
1	tion-Unchanged	3 Oiscretionary						<b>-</b>
	tion-Modified	Cther			All			_
13 Number of Year	s Previously Funded				A!!			
<del></del>		t (including Federal indi	rect costs)					
1	unds Applied For	\$111,602		<u>-</u>	New	Positions	Existing Positions	
Numeric Appropriation	Source	Revenue Type	Amo	unt	No. (FTE)		No. (FTE) Type	
542	Federal	PR-F	\$ 111.	602		_		
			\$					
501/533	State	GPR/PRO	s 12.	400				
			S					
541/502*	Fed/State		\$ 44.	094				
341/302"	reu/state							
*Supplemen	t, not match	_		494				
- Japp remen	, not materi	_	\$					
			<u> </u>					_
15 Indirect Cost Re	imoursement	•					No	· [
Yes	Rate	Base		Amoun				_
16 Authorizations		Authorized Agency		ttive (Ty	pe or Print)	1	an Agency Secretary	
5770		Richard W.	Lorang			Deputy Se	echerany	
AA Deleg	ated Review	(15.0)	$\mathcal{Z}\mathcal{L}_{\sigma}$	on On	<u>a_</u>	8-7-	74	
		OR DEPARTMENT						
	1/110	1 0/1 . 0/	Pipene			SAI Number_	WT9408/1-2	$\mathcal{M}_{i}$
Reviewing Analy	st June	- 10 100 100 1C	Prene				8-11-96	MU
Recommendation	n: 🔲 Approve	ノロ Approve With	Conditions	• —	Deny	Date Received	247	$ \alpha$
Signature			Date	*******		Date Due	HULL!	_   \
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Comments C	Continued on Rever	se or on a Separate S	heet					-

Department of Administration Form DOA-7020 (R 5-88) (Formerly FDA 50)

Comments Continued on Reverse or on a Separate Sheet

						Telephone 608/	267-2125
1 Applicant Agen			2		2.5	3 Agency I.D. (O	otional)
		r & Human Relat		<u> </u>			
4 Address (Street					Receive Reque		
P. O. Box Madison,					Mo/Day/Year	ent & Train Application Du	
Contact Person	W1 33707		0 0		01/94	Mo/Day/Y	
Jack Bise		Phone 267-7	277	09/	30/95	08/12/	94
8 Agency Project	Title				72 Review Req	uired 10 Area of	Impact
Disabled V	eterans Outr	each Program (D	VOP)9-	7 V	X Nø	Statew	es/States ide in
		presentative (LVFR	,	Yes (		1	onsin
1 Type of Applica		12 Type of Assistance	Clearing	houses: Notific	ed Dates		
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	ion-Modified	Other					
		more than 5 ye		AII			
14 Funding, Allotm	ent and Position Data	(including Federal indir	ect costs)				
	ınds Applied For	\$4,290,000	<del></del>			_	
Numeric Appropriation	Source	Revenue Type	Amount	New P No. (FTE)	ositions Type	Existing P No. (FTE)	ositions Type
151	Federal	PR-F	\$4,268,526		-75-		· · · · · · · · · · · · · · · · · · ·
	1				·	73.55	Perm.
1 <u>53-Indirect</u>	<u>Federal</u>	_   <u>PR-F</u>	<u>\$ 21,474</u>				
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5 Indirect Cost Re	imbursement						
	Rate97%	Base <u>\$2,214</u>		t\$21,4	74	□No	
6 Authorizations		Authorized Agency	Representative (Ty	pe or Print)	Title if other th	an Agency Secreta	Bry
			Benish		Bu	dget Analy	st
X Deleg	ated Review	Signature	R		Date		
		1 Welter	Grah		8-12	99	
	· //	OR DEPARTMENT	JE ADMINISTHA	HUN USE	JNLY	. 00/16	1000
Reviewing Analy	st mlan	a arto	hone 6	<u> </u>	SAI Number	VI9408	11-00
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	OXXX	<b>17</b> 00		<del>-</del>		00	<u> </u>
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Department of Admir Form DOA-7020 (R 5- (Formerly FDA 50)		icant Ac	42,25	<u>.</u>	6	ranto	Federal-State 101 S. Webste P.O. Box 7868 Madison, WI S Telephone 608	3707-7868	•
1 Applicant Agenc	V + UVIV	rant ID	42.25	2 res	5 - 10 t	1000°	3 Agency I.D. (C		
Department	of Health &	& Social Servi	ices	CFD	A# <u>9 3</u>	• <u>5 7 6</u>		,	
4 Address (Street/	City/State/Zip)			5 Fede	ral Agency t	o Receive Requ	est		
	of Economic S						& Human Se		
Contact Person	Madis	.0. Box 7935, on WI 53707-7 Phone 266-(	1570		10/	Mo/Day/Year 01/94	Mo/Day/	Year	
Susan G. 1 8 Agency Project 1	jevy itle	7 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	)3/0	0 Evec	utive Order 1	0/30/95	08/15/94	ł (Impost	
<del>  _  </del>	ervices Progr	Cash	media			23/2 Heview he	quired 10 Area o	ies/States	
Kerugee 5	STATCES TIOS	) Assis			Yes				
Type of Applicati	on	12 Type of Assistance		Clearing	houses: Not	ified Dates		ewide	
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1 -	on-Unchanged						<del></del>		
	on-Modified	Other 1 9			All				
	Previously Funded_ nt and Position Data	including Federal indi	ract coete)						
F-1	,	2.334.749.00	rect costs;						
Total Federal Fu Numeric Appropriation	Source	Revenue Type	Amo	ount	New No. (FTE	Positions Type	Existing No. (FTE)	Positions Type	
442/446	Federal	PR-F	\$ 2.33	4,749	0		5.30	Per	
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15 Indirect Cost Rein	mbursement								
☐ Yes F	late	Base		Amoun	t		☐ No		
16 Authorizations		Authorized Agency	Represent	ative (Typ	e or Print)			tary	
		Richard W.	Lorang	<u> </u>			Secretary	·	
X Delega	ted Review	Startature	17	mez		Date 8-12-	>n/	}	
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		OR DEPARTMENT			JION USE	ONLY	earli-	21/2	<i>-</i>
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	ntinued on Reverse	or on a Separate S	heet						

WISCONSIN FEDERAL GRANT APPLICATION NOTICE Federal-State Relations Office **Department of Administration** 101 E. Wilson Street, 6th Floor DOA-7020(R12/92) P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125 Applicant Agency J Department of Health & Social Services 2 3 Agency D (Optional) CFDA# 4 Address (Street/City/State/Zip)
1 West Wilson Street Federal Agency to Receive Request 5 Office of Refugee Resettlment Madison, WI 53703 Period of Funding Mo/Day/Year 7 **Application Due Date** Mo/Day/Year **Contact Person** 10-1-94 Phone 266-0578 9 - 30 - 958/15/94 Susan Levy 8 Agency Project Title 9 Executive Order 12372 Review-Required 10 Area of Impact Counties/States Refugee SErvices Plan \_\_\_ Yes Statewide 11 Type of Application 12 Type of Assistance Clearinghouses: Notified Dates **New Grant** Grant X Formula **Amendment to Current Grant** Continuation-Unchanged Discretionary Continuation-Modified All 13 Number of Years Previously Funded. 14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$875, 114 Numeric **New Positions Existing Positions** Revenue Type Amount Appropriation Source No. (FTE) Type No. (FTE) Type 875,114 PR-F 446 Federal \$ \$ \$ \$ \$ \$ \$ \$ 15 Indirect Cost Reimbursement No No Yes Rate Base 16 Authorizations Authorized Agency Representative (Type or Print) Title if other than Agency Secretary Richard W. Lorang Deputy Secretary Signature □ Delegated Review 8-12-74 FOR DEPARTMENT OF ADMINISTRATE Reviewing Analyst ✓ Approve Approve With Conditions □ Deny Recommendation: **Date Received Date Due** Signature Date COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

C.

				spency I.D. (Optional)	`**.
1 Applicant Agency	ial Commissa	2   CFDA# <u>1 0</u> •		JES=184-1	
Dept. of Health & Soc 4 Address (Street/City/State/Zip)	tar services	5 Federal Agency to		500 0000	معرفه المهابية) معرفة
1 West Wilson St.	•			ion Service	~
Madison, WI 53703		6 Period of Funding	Mo/Day/Year 7	Application Due Date	
Contact Person	•	10-1-		Mo/Day/Year	
Joan Lockyear	Phone 7-1430	9 <u>–30</u> -	-95	8-15-94	
8 Agency Project Title		9 Executive Order 12:	372 Review Required	d 10 Area of Impact	
FAmily Nutrition Educ		T, m. (		Counties/States	
State Hominist	ration Match	Yes V	MI NO	Statewide	-
11 Type of Application 12	Type of Assistance	Clearinghouses: Notifi	ied Dates		
New Grant	Grant Grant	,ter,	<u>(</u>	***************************************	,
Amendment to Current Grant	H Formula	Stamp	100 an		
X Continuation-Unchanged	Discretionary		<u>د د د </u>	·	
Continuation-Modified	Other	Ali	V/ A IL	$\Lambda$	
13 Number of Years Previously Funded	seven		1000		
14 Funding, Allotment and Position Data (in	1,770,817	•	E	<u>-0</u>	
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15 Indirect Cost Reimbursement					
Yes Rate	Base	_ Amount		⊠ No	
16 Authorizations	Authorized Agency Represen	tative (Type or Print)	Title if other than	Agency Secretary	
	Richard Lorang		Deputy Sec	retary	
Delegated Review	Signature ( (O		Date		
_		Brana _	8-12-3	4	
FO	RIDEPARTMENT OF AUM	VINIZLEY/LIOH TIŻE	ONLY	6448=5	_ ~
- ( mil o	Saj NoRhone_	10-2019	SAI Number 10	T97408 23-1	1258-
Reviewing Analyst	_ (/	<del>\</del>	2	2-03-911	1/.
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Signature	Date		Date Due		1
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COMMENTS:			Ì	との く・ !	1
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Department of Administration Form DOA-7020 (R 5-88) (Formerly FDA 50)

				2		3	Agency I.D. (	Optional)
1 Applicant Agenc	<sup>y</sup> Wisconsin De	partment of H	ealth	ت CFD	# <u>93</u> •			
4 Address (Street/		l Services		5 Feder	al Agency to	Receive Request	THE .	
1 West Wil	son Street, P	.O. Box 309		Cent	ers for	Disease Con	t 161 & 1	
	53701-0309			6 Perio		Mo/Day/Year 7	Application	
Contact Person					01/01/9		Mo/Day	· 1
James M. V	Vergeront, M.D	. Phone 608/266	-9853		12/31/9		09/01/94	
8 Agency Project	itte			9 Exect	tive Order 12	372 Review Require	id 10 Area	of Impact nties/States
	Surveillance &	¿Seroprevale	nce		] Yes (	No No	State	
11 Type of Applicat	Type of Application 12 Type of Assistance  New Grant Grant					ed Dates		
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Ontinuati	Continuation-Unchanged Discretionary					— <del></del>		
Continuati	<u>ive</u>		AII	- 10 gett	~~			
13 Number of Years	s Previously Funded	<u> </u>						
14 Funding, Allotme	ent and Position Data (in	ncluding Federal indir	ect costs)					
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15 Indirect Cost Re	mhursement	1	<u> </u>					
Yes	Rate 15.0%	Base \$202,			\$30,360	Title if other than	No No	rotani
16 Authorizations		Authorized Agency			pe or Print)		• •	1 Clasy
		Richard W.	Lorang			Deputy Sec	retary	
XX Deleg	ated Review	Signature (		3 cont		8-17-9		
	FO	R DEPARTMENT	OF ADA	IINISTR	ATION USE			
Reviewing Analy	Sue () a	blouch	Phone _	7-95	46		~ ⊃`	0831-06
Recommendation	n: Approve	Approve With		ns 🗌	Deny	Date Received	X-3/	<u>'-(7</u>
Signature			Date			Date Due	1-10x	
COMMENTS								